Practice Operations and Workload Prioritisation during COVID-19

A Discussion and Guidance Document for GPs and Practice Staff

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25 May 2020

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Section 1: General Practice in the time of COVID-19

Although significant successes have been made in the reduction of morbidity and mortality from COVID-19 it is likely that this will remain a threat in our communities for some time. It is important to remember that there is a risk that a significant number of patients will suffer morbidity and die from non COVID-19 illnesses if they do not access healthcare services as has been seen in other pandemics.

This is a summary document designed to give general practice some guidance and to help provoke discussion within practices on the provision of services while COVID-19 continues. These are exceptional times and each practice will need to individualise this guidance to their circumstances and facilities. The development of services needs to balance the safety of patients and staff and the needs of individual patients. The decision on what services can be provided and what can be done face to face will depend on each practice's geography, availability of personal protective equipment, resources available to conduct virtual visits and the patient and staff profile of the practice. It is important to remember that there is no approach that will give zero risk and it is hoped that this will allow practices to determine how they can minimise their risk optimally for their individual situations. Guidance on COVID-19 can change rapidly. Therefore, this document will be updated as needed and based on feedback from members.

It is recommended that GP practices regularly review their own risk profile and adapt their working conditions accordingly.

There has been a huge shift in the provision of care over the past number of weeks which general practice has quickly and effectively adapted to. Practices will have experience of how this has and has not worked for their practice and should continue to build on the positive aspects of these changes.

Good medical records will be vital as documentary evidence in the future if a patient suffers an adverse outcome due to changes in practice as a result of COVID-19.

It is imperative that GP practices keep up-to-date on all public health clinical and risk guidance issued by the HSE / HSPC and the ICGP / IMO given the evolving situation and GPs should ensure that all non-clinical staff members are fully informed of this guidance, which will have an impact on the practice triage policy.

Section 2: Considerations for your practice for COVID-19

2.1 The Practice Team

It is important to consider the wider practice team including all members such as doctors, nurses, administration, and cleaners. Ensure they are aware of the practice plans and any updates and that any guidance documents or protocols are easily accessible to staff members and properly version controlled

This is a time of anxiety for both staff and patients and it is important to consider staff morale and anxieties at this time and be aware of obligations as an employer. Ensure staff members have a senior person identified who they can approach in the practice with questions or concerns

Consider a short meeting (with appropriate distancing) or task to all staff each day to update them on any changes. A huddle is a short, stand-up meeting - 10 minutes or less - that is typically used once at the start of each workday in a clinical setting to update staff and allow them to raise concerns. An example of this in practice can be found here.

Where possible, enable remote access to your systems so people can access from home. Refer to guidance available from GPIT. There should be a secure and safe platform used for logging into the practice record's database remotely. Introduce a remote access policy in order to ensure compliance with GDPR.

Briefing meetings can be done remotely also for staff who may not be on site at the time using web conferencing software. Video format is preferable to telephone format. Ensure doctors are accessible to nursing and reception staff. Ensure all team members know who to contact outside these daily team briefings if they need support and to answer any queries. Where appropriate, use the practice electronic healthcare record for communication.

Consider a rota system for the GPs to take turn each day, similar to the duty doctor, to ensure that any one GP is not overburdened with queries. Consider having "COVID-19 champions" in the practice who help remind all to adhere to agreed guidelines. These can be any member of the practice staff and of any level of seniority. They can help highlight to staff where there are breaches of protocol in a non-punitive way such as use of mobile phones, insufficient physical distancing, inappropriate use of PPE, reminders about cleaning areas. This could be a rotating role or roles each month. Feedback should be encouraged on how agreed guidelines and protocols are working.

Meetings can be done remotely also for staff who may not be on site at the time using web conferencing software or send tasks using the practice electronic healthcare record.

Prepare for office staff illness and possible increased staff absence due to illness. Ensure that there are set guidelines in place for what steps should be taken by a staff member if they are unwell and what steps other staff member should take if an employee reports absent due to suspected COVID-19 illness. See HSE occupational health guidance in this regard.

Ensure staff are aware that if they develop symptoms of acute respiratory infection they need to inform the relevant manager immediately and follow HSE guidance on self-isolation etc. The new ICGP occupational health service from Cognate is available to all practice staff members. Cross train staff for essential office functions e.g. payroll, downloading of test results, submission of claim forms etc. Ensure staff are up to date on COVID-19 situations. See ICGP webinars.

A series of checklists have been devised to help businesses develop a COVID-19 action plan and address issues appropriately. These are available here.

2.2 Physical Layout

Consider the layout of your clinic and how this could be optimised to reduce the risk of cross contamination. Can a one-way system be introduced? Is it possible to leave doors open in order to avoid use of handles, doorbells etc. Use COVID-19 Community Hubs for patients with suspected or confirmed COVID-19 infection where appropriate and available.

Acute Respiratory Illness

Consider if it is possible for the practice to see patients with acute respiratory illness safely.

If patients with symptoms of acute respiratory illness need to be seen in the practice consider approaches such as:
- o Could patients with acute respiratory illness enter through a separate entrance?
- o Could patients wait in the car until they are called by the doctor or nurse?
- o Is there a separate clinic room that can be reserved for this group for clinical examinations?
- o Can a particular time of the day and area be reserved for patients who need to be seen face to face with acute respiratory symptoms?
- o Is it possible to create a separate waiting area for patients **without** any symptoms of acute respiratory illness
- o Review ICGP document Care of the COVID-19 Presumptive or Test Positive COVID-19 Patient at Home, including Management of the Deteriorating Patient.

How many patients can fit in your waiting room, taking account of the need for physical distancing (2m apart). Consider floor markings in the waiting room indicating 2m and only leaving out as many chairs as appropriate having regard to the size of the room and the position of each chair. Consider if you could ask patients to wait in their car prior to their appointment and be called directly from the car to the consultation room.

Are there rooms that are not suitable for clinical use but could be used for remote consultations using phone or video?

Consider designating some rooms for clinical exam and having others for telephone and video consulting. Consider installing screens at front desk to shield staff from infected individuals.

Declutter rooms so they can be cleaned easily. Any rooms specifically designated for clinical use should be free of clutter and should contain the minimal furniture and equipment required in order to allow for more efficient cleaning.

Rather than each clinical person having their own room consider designating some rooms as clinical rooms for patient reviews with minimal furniture and equipment and others for administrative work and remote consultations. Clinicians move to different rooms depending on their roles each day. Discontinue use of toys and magazines in waiting areas.

Consider which areas of the practice could be cleaned at regular intervals throughout the day. Ensure that the patient toilet facilities are regularly cleaned and adequately stocked with disposable hand towels, soap dispenser and hand sanitizer.

Consider door handles, door frames and light switches - these can be a source of contamination. Consider how you might be able to reduce the patient touching these or clean them after the patient uses them.

2.3 Minimise Footfall

Stop walk-in clinics and move to appointments only. However, encourage patients to still contact the practice by telephone if they have any urgent concerns.

Screen all calls for (a) do they have acute respiratory symptoms (b) can they be managed remotely (c) urgency. Consider whether this is done through an agreed telephone proforma for front desk staff or also at front door before entry.

Consider use of video doorbells to allow staff to talk to patients before entry without being face to face. Encourage telephone and video consultations where appropriate. Sick notes and letters could be sent by email in line with GPIT guidance.

Send prescriptions electronically where possible, having regard to the amended regulations on prescribing. See joint guidance from Medical Council and PSI in relation to the recent changes:

- If local pharmacies are collecting prescriptions, this should be limited to a set time each day.
- If patients do need to attend, consider minimising their time in the building by performing assessments in advance over telephone or video and limit the in house activities to essential items such as phlebotomy and physical exams.

Consider a pre-payment on phone or online for patient charges to reduce time at front desk. If possible place signs on floor of waiting area for front desk for 2m between patients.

Be aware that prescriptions sent by Healthmail do not need a physical copy sent to the pharmacy even for controlled drugs.

2.4 Infection Prevention and Control

The key components of preventing transmission at all times are:

1. Wash your hands frequently and effectively, or use alcohol hand rub
2. Maintain physical distancing of 2m between you and patients or staff where possible (move the chair in your room)
3. Keep consultation or face to face meetings with staff under 15 minutes if possible. If >15 minutes, a contact log should be kept to enable contact tracing if required see here
4. Avoid touching your eyes nose and mouth

Also remember in all clinical areas:

- Keep bare below elbows
- Remove all jewelry and watches
- No handshakes
- Ask all patients to use alcohol hand rub on entry to building. Keep soap dispensers stocked. Consider if your team uses a work uniform or scrubs for working in clinical areas
- To reduce contamination from items touching your face consider:
  - Not allowing personal mobile phones to be used in clinical areas and use headphones for mobile phones where possible
  - Use the hands free function on speakerphone where possible
  - Ensure telephone keys and computer keyboards are cleaned frequently.

Remember PPE is an adjunct to these and is only effective if used appropriately. It may increase risk if used inappropriately. Ensure that staff are trained in the "donning and doffing" of PPE equipment and that guidelines are posted around the practice.

Please ensure an appropriate cleaning routine is instituted in the clinical areas and that cleaners are aware of any precautions needed. A cleaning checklist is available here.

Area where patients with symptoms of acute respiratory illness being seen

Limit number of people in this area to minimum necessary

Patient Contact

People consulting within 2 metres of a patient with acute respiratory symptoms should wear:

- Apron or gown
- Gloves
- Face shield or goggles
- Surgical face mask
- Consider having someone observe the person donning and doffing the PPE to ensure it is being done correctly (could we create checklist for people to put on wall as reminder)

Patients should be given a face mask when in the building if they have respiratory symptoms.

Have a separate stethoscope, pulse oximeter, thermometer in these areas if possible. Consider instructing patients from a 2M distance to check their own temperature, oxygen saturation and heart rate in order to minimise physical interaction.

Clinicians should not sit down in PPE, but don't forget to record the consultation in the patient records as soon as possible after doffing PPE. Review clinic cleaning procedures especially in rooms where respiratory patients are seen. Those cleaning rooms in which respiratory patients have been seen will need to wear PPE. Consider procedures for decontaminating examination equipment between patients. Ensure minimum amount of items in room to allow easy cleaning. Don't forget to record the consultation in the patient records.

Areas where patients with no symptoms of acute respiratory infection are being seen:

- Hand hygiene
- Bare below the elbow in clinical zones
- Normal work clothes
- Standard protection for performing usual procedures e.g. gloves for minor procedures etc.
- Remember physical distancing
- Surgical masks should be worn by healthcare workers when providing care to patients within 2m of a patient, regardless of the COVID-19 status of the patient.
- You do not need to use any other PPE unless indicated as part of standard infection prevention and control measures e.g. using gloves to take blood sample
- Once you don a mask it must stay in place until you have finished seeing that group of patients and doff it correctly and perform hand hygiene
- You must avoid touching the front of the mask. You must not pull the mask down from your face
- If you need to take a break e.g. toilet break, refreshment, then you need to doff the mask in the correct manner, perform hand hygiene and then don fresh mask before seeing any more patients
- It is recommended that patients bring their own mask or face covering also if attending the surgery also and physical distancing will not be maintained during the consultation

2.5 Changes to Clinical Approaches

Optimise the use of remote consultations using telephone or video and screen all requests for appointments prior to use. Optimise use of email and GDPR-compliant smartphone apps (with patient consent) to help in reviewing photos of symptoms such as rashes and ensure photos are kept on patients' records. Use email (with password protection) and Healthmail where possible when sending certs and letters to patients and hospitals. Be mindful of confidentiality and GDPR considerations and review GPIT guidance.

During the COVID-19 pandemic, if a diagnosis of tonsillitis is suspected based on clinical history, the default becomes not examining the throat unless absolutely necessary. For tonsillitis in children, consider using the Fever pain score. It is suggested that instead of an examination automatically start with a score of 2. Antibiotics should be considered in children with a total Fever pain score of 4 or 5 and those with a score of 3 or less should be considered for safety net advice in the first instance. See further information here.

Review ICGP guidance on nebulisers with regard to aerosol producing risks.

Refer patients to the website www.undertheweather.ie for advice on signs of concern in children and adults.

Consider how to prioritise appointments in your practice. See guidance below

When postponing appointments, investigations etc, ensure the reason for the postponement is noted in the patient's records and safety net appropriately – e.g. *"We are rescheduling [patient's] appointment because it is not considered an essential treatment due to the COVID-19 pandemic. The appointment was rescheduled for [date], and the patient was advised to contact the practice or go to the A & E any changes occur."*

2.6 Workload Prioritisation

Below offers a guidance on how practices may consider prioritising their practice workload. Due consideration should be given to current public health advice, staff demographics, patient cohort, geographical location and the practice infrastructure when considering how to approach looking after your patients, yourselves and your staff.

Priority 1

Urgent Care
- Acutely unwell adults and children
- Adult patients with presumed or known COVID-19 positive diagnosis requiring a face to face assessment should be seen in the community hubs for further evaluation where possible
- For other groups triage by phone and see in the surgery where a physical examination is required. Take the necessary IPC and PPE precautions as deemed appropriate.
- Consider direct referral to hospital if a face to face review is unlikely to change decision to refer to ED

Chronic Care
- Prioritise high risk patients (e.g. those with recurrent hospitalisations in the last 12 months)
- Remote chronic care by telephone or video may be appropriate e.g. Diabetes, COPD, Asthma, heart failure.
- When a face to face appointment is required undertake history in advance using phone or video to minimise time in clinic. Patients can be encouraged to undertake Home BP monitoring (HBPM) (Link to guidance here)

Cancer Care
- Assessment of new potential cancers and ongoing care of previously diagnosed cancers.
- Consider what examinations could be performed remotely e.g. skin lesions by photo or video.
- Consider what symptoms should be seen in the surgery for physical exam e.g. rectal bleeding or possible masses. Consider what symptoms could require immediate referral which could be organised remotely e.g postmenopausal bleeding

Cervical Screening
Once Cervicalcheck re-commences, prioritise patients with previous high risk changes/treatment to cervix or on more frequent recalls, and take steps to ensure that these patients are followed up.

Palliative Care
GPs may decide which aspects of palliative care medicine would require a face to face visit or a virtual domiciliary visit. GPs should familiarize themselves with the amended prescribing regulations if required to prescribe end of life medication.

Medication Reviews
Consider whether there are reasons which deem that a face to face consult is necessary or whether remote review can proceed. Staff members should familiarize themselves with the amended prescribing regulations.

Contraceptive Services
Review FRSH guidance which advises on extension of prescriptions and management of LARC.

Essential Blood monitoring that will make a difference to treatment

- INR for patients on warfarin
- (Consider switching to DOAC – see ICGP guide link)

It may be possible to extend monitoring in certain circumstances:

- DMARD blood monitoring.
- Lithium blood monitoring.

Follow-up of abnormal blood results
Ensure protocols and mechanisms are in place to follow up on previously abnormal blood test results as appropriate eg abnormal PSAs. It might also be wise to include other "abnormal investigations" which require follow up, eg chest x-rays and ultrasounds which had indicated that a follow up or repeat was recommended.

Consider assigning the task of reviewing test results received to a GP each day and ensure correct follow-up.

Vaccinations
- Childhood vaccinations
- Routine vaccinations for risk groups e.g. Influenza / Pneumococcal, pertussis vaccine in pregnancy. **Note:** ensure that patients attending the practice who are eligible for pneumococcal vaccine are up to date. Consider how the practice might approach influenza vaccination this winter

Antenatal Care / Post-natal care and new baby checks
- Prioritise people >24 weeks gestation for face to face review.
- First pregnancy visit can be done remotely and registration for mother and infant scheme completed without a face to face appointment unless medically necessary.
- If necessary histories can be completed remotely before bringing the patient into the surgery for a short exam if required.
- Consider doing baby check at 2 months to coincide with 2 months vaccines.

Methadone Maintenance
Remote review unless there are over riding issues which deem that a face to face consult is necessary.

Essential Injections such as those for Cancer or Renal Failure
Consider teaching patients to self-administer if appropriate. Patients may also be directed to on-line videos which provide instructions. Be mindful of patients on anti-psychotic medication as it may not be reasonable for them to self-administer. Consider if a redirection to psychiatric out-patient department if necessary and review guidance here.

Acute Home Visits
To housebound/residential or nursing home patients following remote triage and when clinically necessary Encourage nursing homes to purchase pulse oximetry probes, thermometers and electronic sphygmomanometers and use video calls to assess where possible. Consider what PPE is required and available on home visits. A separate document on nursing homes is available here.

Termination of Pregnancy
A revised Model of Care which applies for the duration of the COVID-19 public health emergency, provides for remote consultation where appropriate. Where judged to be clinically necessary, a face-to-face consultation may be held with the patient.

Pronouncement and Certification of Death
Review coroner's advice on pronouncement of death and consider local protocols. Certification to enable prompt registration is important.

Priority 2

Blood Monitoring for Lower Risk Medications such as:
- ACE inhibitors/Angiotensin receptor blockers, thyroid medication
- Consider increasing interval of testing if clinically safe to do so.
- Could also consider switching medications to ones that do not require blood monitoring e.g. ACE inhibitors to calcium channel blockers if concerned re interval of blood monitoring and not required for other indications e.g. heart failure

Venesections
Consider extending interval between venesection when appropriate

Ring Pessary Change

Most women can be reassured remotely that a delay of even a few months to the pessary change will have no harmful effects. If concern regarding bleeding, pain or ulceration, then a face to face consultation will be required.

Long Term Urinary Catheters

- There is no consensus on how frequently such catheters should be changed. Manufacturer's instructions should be considered in addition to individual patient's requirements (e.g., before blockage occurs or is likely to occur)
- Change of suprapubic catheters can be delayed for up to 3 months (BSUG)

Minor Surgery and Cryotherapy

May be appropriate e.g. if suspected cancers after remote review

Driver's License Medicals

Review NDLS website – currently license renewals are suspended

Non-urgent investigations that will not impact on treatment

- Routine / Annual ECG
- Spirometry

Ear Syringing

Can advise to continue use of olive oil in first instance.

Vit B12 injections

Review whether oral supplementation would be appropriate if available. See link. Consider teaching appropriate patients to self-administer and ensure frequency is no more than 12 weeks.

Follow up on any critical and urgent referrals made during the COVID 19 pandemic and ensure that any which are acutely time-sensitive have been actioned by the GP and received by the hospital. In the maelstrom of cancelled clinics and cessation of private sessions, there may be some referrals which could fall through the gaps.

* Adapted from RCGP guidance on workload prioritisation during COVID-19

2.7 Making Patients Aware

- Post signs in appropriate languages at the entrance and waiting area to alert all patients that they should not attend without phoning in advance
- Patients should be aware the purpose of these changes in practice is to protect both themselves and practice staff while visiting the clinic. Emphasise that the clinic is still available to give a service, but can no longer function like it did before. How care is provided has changed and they may have a phone or video consultation in place of, or in advance of, a face to face consult. The same high standard of care will be provided and it is important that they contact the clinic if they are concerned about their health.
- Consider using of website and social media for this. Consider using these with links to national information also such as HSE and HSPC sites.

List of Resources used in Compilation of this Document

HPSC guidance for primary care on COVID 19
https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/primarycareguidance/

Care of the COVID-19 Presumptive or Test Positive COVID-19 Patient at Home, including Management of the Deteriorating Patient. https://bit.ly/3bkX8ay

Coroners society of Ireland guide on
http://www.coroners.ie/en/COR/Modified%20requirements%20re%20death%20reporting.pdf/Files/Modified%20requirements%20re%20death%20reporting.pdf
Coronavirus disease 2019 (covid-19): a guide for UK GPs
BMJ 2020; 368 https://www.bmj.com/content/368/bmj.m800 (Published 06 March 2020)

Covid-19: a remote assessment in primary care
BMJ 2020; 368 doi: https://www.bmj.com/content/368/bmj.m1182 (Published 25 March 2020)

The Maltings Surgery COVID 19 action plan
http://www.pulsetoday.co.uk/views/our-surgerys-action-plan-for-coronavirus-in-full/20040335.article

FSRH CEU clinical advice to support provision of effective contraception during the COVID-19 outbreak
https://www.fsrh.org/documents/fsrh-ceu-clinical-advice-to-support-provision-of-effective/

BSUG Guidance on management of Urogynaecological Conditions and Vaginal Pessary use during the Covid 19 Pandemic
https://bsug.org.uk/budcms/includes/kcfinder/upload/files/BSUG-Guidance-on-management-of-pessaries_v3.pdf

COVID-19 - guidance for paediatric services
https://www.rcpch.ac.uk/resources/covid-19-guidance-paediatric-services

NHS Specialist Pharmacy Service Guidance
https://www.sps.nhs.uk/category/covid-19-coronavirus/page/2/

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